

REQUEST FOR RENTAL SERVICES

1. MAIL TO:

Department of the Interior  
ATTN: Flight Coordination Specialist  
Aviation Management/ARO  
4405 Lear Court  
Anchorage, Alaska 99502

Phone: (907) 271-3935/6032  
Fax: (907) 271-6080

2. REQUESTING BUREAU -- OFFICE AND ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFER QUESTIONS TO: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

3. AIRCRAFT DESIRED:

A. FIXED WING: HIGH WING LOW WING

AIRCRAFT TYPE (i.e. Cessna 182): \_\_\_\_\_

PASSENGER CAPACITY (Seats): \_\_\_\_\_

ADDITIONAL REQUIREMENTS (i.e., large cargo doors, etc.)  
\_\_\_\_\_

SPECIAL USE ACTIVITY:

- Low Level (less than 500' from surface)
- Resource Reconnaissance (above 500' from surface)
- Fire Reconnaissance
- Air Tactical

B. HELICOPTER: FUEL SERVICING VEHICLE

HELICOPTER TYPE (i.e., Hughes 500): \_\_\_\_\_

PASSENGER CAPACITY (Seats): \_\_\_\_\_

ADDITIONAL REQUIREMENTS (i.e., long line, helitorch, etc.)  
\_\_\_\_\_

SPECIAL USE ACTIVITY:

- External Loads Aerial Ignition
- Interagency Fire Local Fire
- Offshore Platform/Vessel Landings Extended Overwater
- Other (Specify) \_\_\_\_\_

4. SUGGESTED AIR TAXI & COMMERCIAL OPERATOR:

NAME: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

ESTIMATED ANNUAL USE: \_\_\_\_\_  
(Hours) (Dollars)

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

5. ALL REQUESTS REQUIRE REVIEW AND APPROVAL BY YOUR BUREAU'S NATIONAL AVIATION MANAGER.

MANAGER APPROVAL: \_\_\_\_\_

NATIONAL AVIATION MANAGER: \_\_\_\_\_

6. REMARKS:

AMD USE: \_\_\_\_\_

FCC Signature : \_\_\_\_\_

Date Received: \_\_\_\_\_